



Application for Name Change Checklist
(for CDL Examiner and Instructor Certifications)

- ☐ Complete all sections of the application.
- ☐ Submit documentation proving the name change such as a photocopy of a marriage certificate/license, divorce decree, or court order for legal name change.
- ☐ Submit a photocopy of your updated driver's license.
- ☐ Submit an application fee of \$5.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Sign the Statement of Completion at the bottom of this page and include with the application.

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents and fees which are required to be attached for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed and may result in fees being forfeited.

Printed Name

Legal Signature

Date

**Please submit application, fees and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division / CDL Unit
2206 East View Parkway
Conyers, GA 30013**

An application drop box is also available at the entrance of the Conyers Customer Service Center.



Application for Name Change

SECTION 1: Applicant Information

DDS Certification # _____ Issue Date _____ Exp. Date _____

Previous: Last Name _____ First Name _____ Middle Name _____ Suffix _____

New: Last Name _____ First Name _____ Middle Name _____ Suffix _____

Date of Birth _____ Driver's License # _____ State of Issuance _____ Social Security # _____

Home Address _____ City _____ County _____ State _____ Zip Code _____

Mailing Address ☐ Same as above _____ City _____ County _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____ Work Phone Number _____

Email Address _____

SECTION 2: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records including, but not limited to: assessment results and other program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations.

I understand that DDS will list my name and address as public record.

I hereby authorize the release to DDS of any information necessary for the determination of my application for recertification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20____.

(SEAL)

Notary